Prior Authorization Criteria for Fibric Acid Derivatives

Background

Fibric acid derivatives include gemfibrozil (Lopid, generics) and various formulations derived from fenofibric acid, including generic fenofibrate micronized/nonmicronized formulations (including Lofibra), and fenofibrate nanocrystallized (Tricor), Antara, Fibricor, Lipofen, Triglide, and Trilipix. At its February 2011 meeting, the DoD Pharmacy & Therapeutics (P&T) Committee voted to establish prior authorization criteria for certain agents in the fibric acid derivative subclass.

NO prior authorization is required for the preferred agents gemfibrozil (Lopid, generics), generic fenofibrate micronized/nonmicronized formulations (including Lofibra), and fenofibrate nanocrystallized (Tricor). (Fenoglide is not covered under the TRICARE Pharmacy program.)

Antara, Fibricor, Lipofen, Triglide, and Trilipix are the non-preferred fibric acid derivative products. Prior authorization for the non-preferred agents Antara, Fibricor, Lipofen, Triglide, and Trilipix is not required IF there has been a trial of a preferred fibric acid derivative (gemfibrozil, generic fenofibrate, Lofibra, Tricor) based on prescriptions filled during the last 180 days.

The following criteria were established by the DoD Pharmacy & Therapeutics (P&T) Committee.

Prior Authorization Criteria for Fibric Acid Derivatives

All new users of non-preferred fibric acid derivatives must meet BOTH of the following criteria in order for coverage to be approved:

1. Patients with a contraindication to generic fenofibrate, Lofibra and Tricor that is not expected to occur with the non-preferred fibric acid derivative.

2. Patients with a contraindication to generic gemfibrozil (Lopid) that is not expected to occur with the non-preferred fibric acid derivative.

Criteria approved through the DoD P&T Committee process February 2011

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